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APPLICANTS
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**** CONTINUING DATA *******
None *SSA* *MR*

**** FOREIGN APPLICATIONS *******
None *SSA* *MR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 02/19/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 12	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>SSA</i> Initials <i>MR</i>				

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TITLE
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